## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F02000000730 DOCUMENT #

1. Entity Name

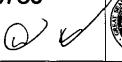
Principal Place of Business

NEW YORK NY 10018

550 7TH AVENUE, 11TH FLOOR

DONNA KARAN INTERNATIONAL INC.

THE DONNA KARAN COMPANY, ATTN: TAX DEPT.



THE DONNA KARAN COMPANY, ATTN: TAX DEPT.

550 7TH AVENUE, 11TH FLOOR

NEW YORK NY 10018

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Mailing Address		

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 13-3882426 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ■ Addition KARAN, DONNA REASE SEE NAME NAME 550 SEVENTH AVE STREET ADDRESS STREET ADDRESS ATTACHED **NEW YORK NY 10018** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE BRESSMAN, DAVID NAME NAME **570 SEVENTH AVE** STREET ADDRESS STREET ADDRESS **NEW YORK NY 10018** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition BRUSONE, GIUSEPPE NAME 550 SEVENTH AVE STREET ADDRESS STREET ADDRESS **NEW YORK NY 10018** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE STALLA-BOURDILLON, BERTRAND 550 SEVENTH AVE STREET ADDRESS STREET ADDRESS **NEW YORK NY 10018** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition USDAN, LYNN NAME NAME 550 SEVENTH AVE STREET ADDRESS STREET ADDRESS **NEW YORK NY 10018** CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE KALBERER, TISHA NAME NAME 550 SEVENTH AVE STREET ADDRESS STREET ADDRESS **NEW YORK NY 10018** CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered

CR2E034 (4/03

FILED

Jul 25, 2003 8:00 am

**Secretary of State** 

07-25-2003 90088 026 \*\*\*150.00